The Impact of PEARLS Debriefing Training during COVID-19:
Changes in Perception of Barriers, Comfort, and Frequency of Hot Debriefing

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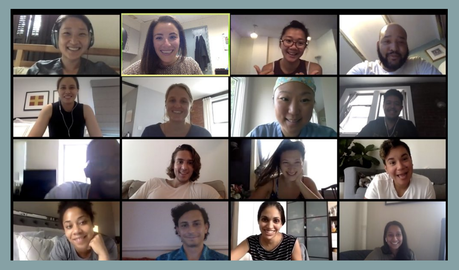
Introduction

- Pandemics have a profound psychological impact on healthcare workers and lead to an increased burden of depression, anxiety, and Post-Traumatic Stress Disorder.[1]
- Prior studies have shown that debriefing decreases professional burnout, increases morale and resilience, and improves clinical outcomes.[2-4]
- Kings County Hospital and University Hospital of Brooklyn experienced a massive surge of COVID-19 cases resulting in an unprecedented number of deaths.
- Our goal was to educate and empower our team using the PEARLS debriefing framework.
- This is a descriptive study on the effect of PEARLS training on debriefing frequency and comfort in residents. We also identified perceived barriers to debriefing and tried to combat these during training.

Methods

- A pre-post intervention design was used to evaluate efficacy of hot debriefing training curriculum.
- 98 emergency medicine residents at our academic institution participated.
- A survey was administered that assessed current debriefing frequency, comfort, and barriers.
- The PEARLS post-event hot debriefing tool[5] was used because of the emphasis on the psychological well-being and self-reflective assessment.
- We conducted three separate training sessions on debriefing for physicians.



Results

		Pre-Survey (n = 41) (n, %)	Post-Survey (n=46) (n, %)	p-value
PGY	1	21 (51%)	9 (20%)	<0.001
	2	7 (17%)	11 (24%)	0.6
	3	4 (10%)	12 (26%)	0.06
	4	9 (22%)	11 (24%)	1
	5-6	0 (0%)	3 (7%)	1
Gender	female	23 (56%)	31 (67%)	
	male	17 (41%)	14 (30%)	
	nonbinary	1 (2%)	1 (2%)	

		Pre-Survey (n = 41) Median (IQR 25%, 75%)	Post-Survey (n=46) Median (IQR 25%, 75%)	p-value
Percent of last 10 ED codes and/or deaths that were followed by a debrief		2.0 (1.0, 3.0)	3.0 (1.0, 5.0)	0.41
Comfort in leading a debrief (Scale of 0-100% comfortable)		40.0 (29.25, 61.75)	51.0 (29.75, 70.0)	0.39
Rank of who leads debriefs	1	senior resident	attending physician	
	2	attending physician	senior resident	
	3	junior resident	junior resident	
	4+	RNs, PCT, RT, others	RNs, PCT, RT, others	
Top three barriers to debriefing	1	time	time	
	2	gathering	gathering	
	3	comfort with debriefing	comfort with debriefing	

- 41 residents completed the pre-survey and 46 residents completed the post-survey.
- Mann-Whitney U 2-tailed test with alpha set at 0.05 was used to analyze the data.
- There was a trend towards increased frequency and comfort with debriefing after the educational sessions.
- The top three barriers to debriefing remain unchanged: time, gathering, and comfort with debriefing.

Conclusion

- Our educational sessions sparked an interested in debriefing at our academic institutions and there was a trend towards increased frequency of debriefing and comfort with debriefing.
- Senior residents and attending physicians at our institutions are most likely to lead debriefings.
- Further work can be directed towards addressing top barriers to debriefing: time, gathering, and comfort with debriefing.

References

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